

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF SUPERFUND  
**DRYCLEANER ENVIRONMENTAL RESPONSE PROGRAM (DCERP)**



**APPLICATION FOR ENTRY INTO THE DCERP**

**Directions:** Type or print, using blue or black ink to complete this form. Incomplete or illegible forms will not be accepted. Retain a copy of this form for your records. If you have questions concerning completing this application contact DCERP at (615) 532-0900. Submit the completed application to:

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF SUPERFUND - DCERP  
401 CHURCH STREET, 4TH FLOOR L & C ANNEX  
NASHVILLE, TN 37243-1538

**SECTION 1. FACILITY INFORMATION**

Facility Registration # \_\_\_\_\_ Facility Name \_\_\_\_\_ County \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Site Status (Check one) ☐ Active ☐ Abandoned Facility Telephone # (\_\_\_\_\_) \_\_\_\_\_

**SECTION 2. APPLICANT INFORMATION**

Applicant Name \_\_\_\_\_  
Contact Person \_\_\_\_\_ Contact Telephone # (\_\_\_\_\_) \_\_\_\_\_  
Applicant Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Applicant Type (Check all which apply) ☐ Facility Owner ☐ Facility Operator ☐ Facility Property Owner ☐ "Other Property" Owner

**SECTION 3. POLLUTION LIABILITY COVERAGE**

Does the facility owner or operator have pollution liability coverage? ☐ Yes ☐ No

If yes, provide name of insurance company and policy # \_\_\_\_\_

In accordance with Rule 1200-1-17-.08(7)(g), if the Fund reimburses a party for response costs for which the owner or operator of a facility has insurance coverage, the Fund is subrogated to the right of the owner or operator with respect to that insurance coverage to the extent of the reimbursement. Acceptance of reimbursement under this subdivision constitutes an assignment by the party with respect to any insurance coverage applicable to the costs that are reimbursed.

**SECTION 4. FOR "OTHER PROPERTY" OWNER, THIRD PARTY APPLICANTS ONLY**

Describe the location of your real property in relationship to the facility identified in this application and explain how your property is impacted by drycleaning solvents from the facility. Attach additional page(s), if needed.

\_\_\_\_\_  
\_\_\_\_\_

In accordance with Rule 1200-1-17-.05(2)(b), in cases where ingress and egress to the facility have not been previously granted, the impacted third party (if not the facility property owner) must file an application jointly with the real property owner (for the purpose of verifying the right of access to the facility). **By signing below, the facility property owner grants the right of ingress and egress to the facility.**

\_\_\_\_\_  
Facility Property Owner

\_\_\_\_\_  
Date

**SECTION 5. FOR ABANDONED FACILITY APPLICATIONS ONLY**

In accordance with Rule 1200-1-17-.05(2)(b), applications for abandoned facilities must be filed jointly by the impacted third party and the property owner, if the property owner is not the impacted third party. The applicants shall designate the person who will receive Fund reimbursement.

Name of the person who is to receive Fund reimbursement \_\_\_\_\_

Status of this person (Check one)      \_\_\_\_\_ Not the Facility Property Owner      \_\_\_\_\_ Facility Property Owner

By signing below, both applicants acknowledge this Fund disbursement agreement and also certify that to the best of their knowledge and belief, the facility meets all requirements for Fund eligibility.

\_\_\_\_\_  
Facility Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Third Party Non-Facility Property Owner

\_\_\_\_\_  
Date

**SECTION 6. CERTIFICATIONS - COMPLETE THIS SECTION FOR ALL APPLICATIONS**

In accordance with Rule 1200-1-17-.05(2)(b), I certify to the best of my knowledge and belief all applicable fees and surcharges due and payable by the drycleaning facility identified in this application have been paid to the DCERP.

I also certify permission has been obtained from person(s) with appropriate legal authority to grant the applicant, the applicant's contractors, and the Department of Environment and Conservation the right of ingress and egress to the facility.

In accordance with Rule 1200-1-17.05(4)(b), I also acknowledge if it is determined that monies are owed to the DCERP by this facility, I will be responsible for making the appropriate payments prior to being granted DCERP fund eligibility.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION 7. FOR DEPARTMENT USE ONLY**

Date application received \_\_\_\_\_

Postmark date \_\_\_\_\_

Reviewed by \_\_\_\_\_

Date reviewed \_\_\_\_\_

Approved by \_\_\_\_\_

Date approved \_\_\_\_\_

Tracking number assigned \_\_\_\_\_

Date approved application logged in computer \_\_\_\_\_

Comments/notes \_\_\_\_\_

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